

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/045 802	FILING DATE 10-19-01		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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50									
TOTAL IND.	7		↓			↓		↓	
TOTAL DEP.	21	↔		↔		↔		↔	
TOTAL CLAIMS	28	████████		████████		████████		████████	
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									